



## Vehicle Tint Waiver Request

You may mail this form to DC DMV, Medical Review Services, PO Box 90120, Washington, DC 20090, or fax to 202-727-0463.  
For additional information visit our website: [www.dmv.dc.gov](http://www.dmv.dc.gov) or call our Customer Service Call Center at 202-727-5000.

Applicant's Name (First, Middle, Last)	
Driver's License Number	Vehicle Identification Number

DC law allows the after factory application of window tinting in motor vehicles (D.C. Official Code § 50-2207.02), provided the following requirements are met:

There must be at least 70% light transmittance through the front windshield or front side windows; and

There must be at least 50% light transmittance through the rear windshield or rear side windows.

However, less than 70% light transmittance is allowed in the windshield above the AS-1 line or within five inches from the top of the windshield.

The Department of Motor Vehicles has been petitioned by your patient for a waiver of these requirements, pursuant to D.C. Official Code § 50-2207.02(h)(5), due to your patient's medical condition.

Your professional certification of medical necessity is required below:

- ☐ Yes, my patient, \_\_\_\_\_, has a medical condition that requires a waiver of the light transmittal requirements.
- ☐ No, my patient, \_\_\_\_\_, does not have a medical condition that requires a waiver of the light transmittal requirements.

Attested:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Degree/Specialty

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Identification Number

The making of a false statement on this form is a violation of DC law and is subject to a fine of up to \$1,000 or 180 days imprisonment or both (D.C. Official Code § 22-2405).

To report waste, fraud and abuse by any DC Government Official or agency, call the DC Inspector General at 1-800-521-1639.